

the United States and in my own Virgin Islands, speaking to how people of African descent the world over are so disproportionately impacted by this virus.

But everywhere there are signs, early signs, of change and potentially promising trends, everywhere, including in the Virgin Islands and the rest of the Caribbean, everywhere except in the United States.

The HIV epidemic is more than 25 years old; and despite all that we know and all of the resources we have, the CDC is finalizing a report which will be released early next year that I understand will show that the case rate here in the U.S. is possibly more than 50 percent higher than we previously thought. Given the lack of response from this administration to the requests of the CBC and our community partners, I'm sure that it will show that the highest increases are in people of racial and ethnic minority backgrounds.

Again, let me say that the theme for this in the past 2 years has been "Stop AIDS, Keep the Promise." The promise has not been fully kept anywhere, but nowhere has it fallen more short, has that promise been more empty than right here at home in this country of great resources and the most advanced medicines and technologies.

There's another part to the theme, and that is leadership, which is needed more than ever. On our part we need to lead by directing more Federal resources to HIV prevention. Beyond that, our leadership must be open to proven methods of prevention instead of limiting the good we can do and the lives we can save because of ideology and narrow politics. And the prevention we provide needs to be not of the abstinence-only kind, which our government agencies have clearly demonstrated is not effective. Lifting the ban on needle exchange alone would dramatically reduce the transmission of the disease, and developing low-cost barrier methods such as microbicides need to be given as much attention as funding the latest ARVS, but those too need to be made more affordable.

And, Madam Speaker, we need a national plan. It is clear from the fact that we are losing ground while some of the poorest areas of the world are making strides that the leadership we provide must define global as in global epidemic, or global HIV/AIDS as including this country on par with all of the others. We need to restore the 19 percent of funding that has been cut from domestic AIDS in this administration and greatly increase HIV/AIDS funding across the board. We need to fund the Ryan White CARE Act at the level it needs to be funded, more than \$1 billion above the current level, to restore and re-fund the Minority Aids Initiative to build capacity in the communities that are hardest hit, and to eliminate ADAP waiting lists, where people who cannot get treatment wait to die.

We need to ensure that we expand access to information, testing services and treatment to ex-offenders who are at great risk for HIV and who after paying their debt return to their communities and families.

And we need to dramatically increase PEPFAR funding while expanding it to include all Caribbean countries and making it more flexible so it can meet the unique needs of the countries that need it.

The global report shows that when we apply the recommendations of social and scientific research and when we support and replicate programs that work, results are seen. It shows that empowering communities that are hard hit by HIV and AIDS by putting the resources, technical assistance and support in their indigenous community and faith-based organizations here and abroad produce great impact.

The most dramatic thing is that people are looking to us for leadership and we can provide it and we can start by supporting Congresswoman LEE's resolution.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. MEEKS) is recognized for 5 minutes.

(Mr. MEEKS of New York addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

WORLD AIDS DAY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Madam Speaker, I'm pleased to join with my colleagues as we take this time to highlight the gravity of the HIV/AIDS pandemic and especially as it affects people of color throughout the world.

The Centers for Disease Control, the CDC, reported that approximately 1 million Americans were living with HIV/AIDS at the end of 2003, roughly 25 percent of whom were undiagnosed and unaware of their HIV infection.

An article in the New York Times this week noted that new HIV/AIDS case estimates are actually 50 percent higher than health experts had previously believed.

Furthermore, this infection has started to increase among children at a drastic rate. Through 2005, there have been an estimated 9,000 AIDS cases reported for children under the age of 13. HIV/AIDS is becoming a problem earlier and earlier for more and more Americans.

It is very clear that HIV/AIDS is indeed an emergency situation, especially in the African American community. According to the CDC, African Americans make up 13 percent of the Nation's population, but account for 49 percent of the estimated AIDS cases diagnosed since the epidemic began.

In addition, African American children make up approximately 63 percent of the estimated HIV/AIDS cases through 2005.

Not only are African Americans more likely to get AIDS; they're more likely to die from it, with more than half of all AIDS-related deaths being among African Americans.

We must get behind the World AIDS Day slogan, "Stop AIDS, keep the promise." We must increase funding for treatment and prevention, not reduce it by 91 percent, as this administration has done. We must invest in medical research and needle exchange programs, prevention and treatment. The more engaged we are and the stronger the determination we have, it will lead to the decrease in AIDS cases across the United States in all communities.

Madam Speaker, I'm pleased that in Chicago, a coalition of organizations, the City of Chicago Department of Public Health, the Illinois Department of Public Health, Malcolm X College, the 7th District HIV/AIDS Task Force, Walgreens drug stores, Ora Sure technologies, Abbott Laboratories, the Let's Talk Let's Test Foundation, Working Togetherness and other organizations, held 2 days of high-profile activity where there were many sites where people could come and be tested free.

And so I commend the City of Chicago's Department of Public Health, the State of Illinois Department of Public Health, and all of those hard-working groups and organizations who are working to try and put at least a dent in this problem.

WORLD AIDS DAY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PAYNE) is recognized for 5 minutes.

Mr. PAYNE. Madam Speaker, I rise in recognition of World AIDS Day 2007. As chairman of the Subcommittee on Africa and Global Health, the issue of HIV and AIDS is a particular matter of concern and importance to many of us. But it is an urgent and timely matter of global concern. It is urgent because HIV and AIDS, tuberculosis and malaria kill more than 6 million people a year.

Of the 33 million people living with AIDS today, 6 percent are children. Ninety percent of these children live in Africa, the continent least equipped to care and treat HIV-infected persons. Those numbers will increase if the world does not immediately step up efforts to halt the spread of AIDS.

The topic is extremely timely because the mandate of the President's emergency plan for HIV and AIDS, PEPFAR, expires in 2008. My colleagues and I on the House Committee on Foreign Affairs are in the midst of writing legislation to extend the PEPFAR program for another 5 years.

Congress and the President worked together to create PEPFAR in May of

2003. Now, a few short years later, according to the State Department's Office of Global AIDS Coordinator, over 800,000 people are receiving anti-retro medication in PEPFAR's 15 focus countries; 12 of those countries are in sub-Saharan Africa. Nearly 50,000 new patients join those receiving the life-saving therapy each month. We have indeed come a long way. However, the battle continues, and Congress must make decisions about how to expand and improve the program if we are to bring an end to this very terrible disease.

The biggest decision before us is how much money to devote to the program. The original legislation authorized \$15 billion over 5 years. Congress actually appropriated over \$19 billion over that time fighting HIV and AIDS abroad.

One year ago, I said in a speech in Nairobi, Kenya, on World AIDS Day last year that we should double PEPFAR funding. Several months later, to my surprise, I must say, President Bush also called on Congress to provide \$30 billion to fight the disease over the next 5 years. After holding two hearings on the status of the pandemic, however, I do not believe that this will be enough. Analysts say that supporting universal access over the next 5 years will cost an estimated \$213 billion, 70 percent of which donors are expected to pay.

If the United States shoulders its traditional share of the burden, it will cost us an estimated \$49 billion, \$10 billion a year for the next half decade to respond to the needs of those affected by HIV and AIDS. And this does not include the cost of malaria and tuberculosis programs. Not only are we falling short in terms of prevention and treatment of HIV and AIDS; we are not doing enough to address opportunistic diseases that kill people with AIDS, the deadliest of which is tuberculosis. In 2004, of the 9 million people who were newly infected with TB, 2 million died. However, TB is entirely curable.

And last year, the public became aware of an even greater threat, a new, more dangerous, multi-drug-resistant TB, MDR-TB strain, which is known as extensively drug resistant TB or XDR-TB. XDR-TB and its deadly linkage with HIV gained global recognition in August 6, 2006, with reports of an outbreak in a hospital in South Africa where 52 of 53 patients with HDR-TB died, half within a matter of 16 days.

Earlier this year I offered an amendment which passed in fiscal year 2008 Foreign Operations bill with \$50 million additional funding to fight XDR-TB. I hope to work with our leaders to see additional funding next year.

The statistics about HIV and AIDS may seem overwhelming and the problem insurmountable, but it is not. We can bring an end to this pandemic if we work together.

□ 2015

THE SURGE OF HIV/AIDS

The SPEAKER pro tempore (Mrs. JONES of Ohio). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Madam Speaker, the surge of HIV/AIDS is on. And although we have had an extensive decades-long effort to overcome the devastation of HIV/AIDS, I believe it is appropriate to again declare not only a national emergency but a concern for the international crisis.

Madam Speaker, you have heard my colleagues tonight, and I thank you for your presence and leadership here tonight to listen to many of our Members who have raised the question of the epidemic of HIV/AIDS. We have raised it because we have been in our districts on World AIDS Day, and I spent 24 hours, maybe 48 hours, 2 days visiting with a number of community groups meeting on the topic of HIV/AIDS. Domestically we still have a crisis, and certainly internationally.

I joined the first Presidential mission to Zambia, Zimbabwe, and South Africa a few years ago to look at the rising crisis in Africa. Now we know that thousands upon thousands, millions of children have been orphaned by both parents, single parents, or having one parent being afflicted and then losing their life with HIV/AIDS. We know that it is prevalent in Africa to have grandmothers who are taking care of six and seven and eight and nine and ten grandchildren because of the loss of their parents. I am very gratified to see the work of the Gates Foundation, the Clinton Foundation that have brought necessary medicines to those who now can live with HIV/AIDS.

But the key for us around the world and here in the United States is prevention. The largest percentage of those infected with HIV/AIDS today find themselves in the African American population. It is not just a disease that plagues the homosexual community, but it is a heterosexual disease as well. People who are hemophiliacs may be succumbed by HIV/AIDS. So the issue, as I said, is prevention, and we must work collectively together.

I believe it is important to continue research to find a cure, a vaccine for HIV/AIDS. But as well, I believe it's important to continue to educate about how the disease is transmitted, how it can be transmitted from mother to infant, and how it can be stopped.

Interestingly enough, we believe when we don't hear something, something has passed. But I will never forget going into a hut and seeing on the floor an afflicted man. He had both HIV/AIDS and tuberculosis. And who was caring for him? A 4-year-old. The only remaining healthy person in that whole area, that whole compound in Africa, was a 4-year-old taking care of an elderly dying man. When we in this world have come to that, there is a reason to raise our voices.

So I salute the various institutions in my own community, the Harris County Hospital District, Ben Taub Hospital and the researchers and doctors who are there, the Thomas Street Clinic, who are continuing to care for those who are in need, the City of Houston's Health Department, the great program that they had at Texas Southern University, along with the hip-hop community, to emphasize the need for testing and prevention. I myself have held testing events with the faith community. We intend to hold more, and the emphasis is faith, hip-hop, whoever is willing to collaborate to ensure that people are tested.

I advocate for testing to be part of everyone's physical examination, that insurance companies should pay for those tests to be diagnosed. A \$2 test means you get a mail-back; a \$10 test means right on the spot you get a diagnosis. That's what we should be doing to help those here in America.

I also believe that we should test persons who have been incarcerated, men and women. Those going into the prison should be tested; those coming out of the prison should be tested, for that is how in many instances, besides drug utilization, that many of the HIV/AIDS individuals who receive it are infected.

Madam Speaker, this issue of HIV/AIDS is a family affair; it is a Nation's affair, and in order to save lives, we have to stand up and be counted. We cannot allow the stigma of HIV/AIDS to dominate our reason and our hearts. We must embrace those who have it and help them live the best quality of life that they can. More funding for community health clinics that will treat people with HIV/AIDS. But at the same time, we must wage a major campaign for those who are intravenous drug users, that we have clean needles; for those who have been incarcerated, that they be tested; for young people who are frivolous and believe that promiscuity is the way of life, we have to say "no." And, frankly, we have to say that testing is not a shame. It is an honor to be tested to find out, one, that you're healthy, and to be tested to find out that you need treatment and you need to be careful.

I hope, as we commemorate World AIDS Day, we recognize that it is an international circle, and that circle must never end until we find the cure for HIV/AIDS, we stamp it up, and provide people with a better quality of life.

Madam Speaker, I stand here today to recognize the importance and significance of World AIDS Day.

ABOUT WORLD AIDS DAY—DECEMBER 1ST

Established by the World Health Organization in 1988, World AIDS Day serves to focus global attention on the devastating impact of the HIV/AIDS epidemic. Observance of this day provides an opportunity for governments, national AIDS programs, churches, community organizations and individuals to demonstrate the importance of the fight against HIV/AIDS.

It has been 25 years since the first AIDS cases were reported. Since then countless researchers, health care providers, politicians,